

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47332

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE OLSON GROUP, INC.

Current Principal Place of Business:

15467 MARCELLO CIRCLE
NAPLES, FL 34110 US

New Principal Place of Business:

4115 4TH AVENUE SOUTH EAST
NAPLES, FL 34117 US

Current Mailing Address:

P.O. BOX 110837
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2919005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ADAM
681 10TH AVE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

OLSON, LYNN
4115 4TH AVENUE SOUTH EAST
NAPLES, FL 34117 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN OLSON

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLSON, FREDRICK O
Address: 15647 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: DEPAOLA, JENNIFER M
Address: 1010 SW 12TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: M (X) Delete
Name: OLSON, JEFFREY
Address: 4115 4TH AVE SE
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLSON, FREDRICK O
Address: 4115 4TH AVENUE SOUTH EAST
City-St-Zip: NAPLES, FL 34117

Title: T (X) Change () Addition
Name: OLSON, LYNN M
Address: 4115 4TH AVENUE SOUTH EAST
City-St-Zip: NAPLES, FL 34117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED OLSON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date